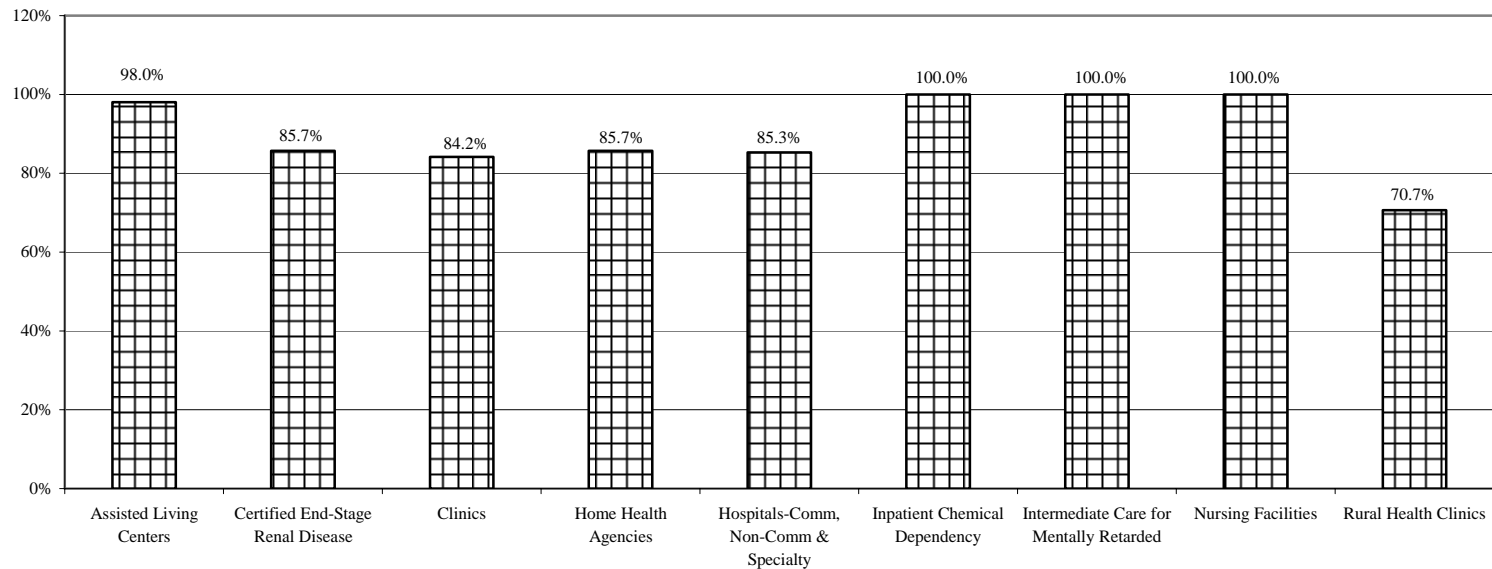


## Facility Type

Figure 15 illustrates the return rates for each facility type. Inpatient chemical dependency, intermediate care for mentally retarded, and nursing facilities all had a 100 percent return rate on their surveys. Assisted living centers had a return rate

of 98 percent. Certified end-stage renal disease, clinics, home health agencies, and hospitals all fell within the 80 percent range for return rates on their surveys. Rural health clinics had the lowest return rate of 70.7 percent.

**Figure 15**  
**Return Rates by Type of Facility**

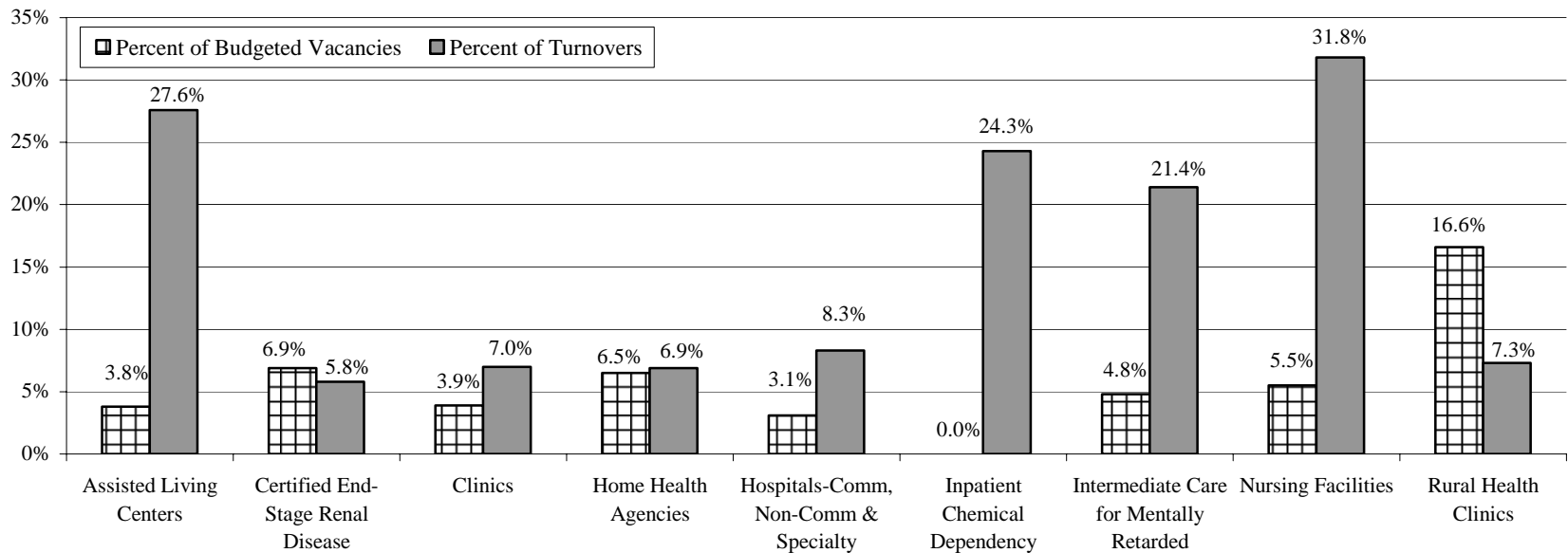


Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Figure 16 illustrates the percent of budgeted vacancies and turnovers for each facility type. The facility with the lowest percent of budgeted vacancies was inpatient chemical dependency with 0 percent; while the facility with the highest percent of budgeted vacancies was rural health clinics with

16.6 percent. The facility with the lowest percent of turnovers was certified end-stage renal disease with 5.8 percent while the facility with the highest percent of turnovers was nursing facilities with 31.8 percent.

**Figure 16**  
**Percent of Budgeted Vacancies and Turnovers by Type of Facility**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

## Assisted Living Centers

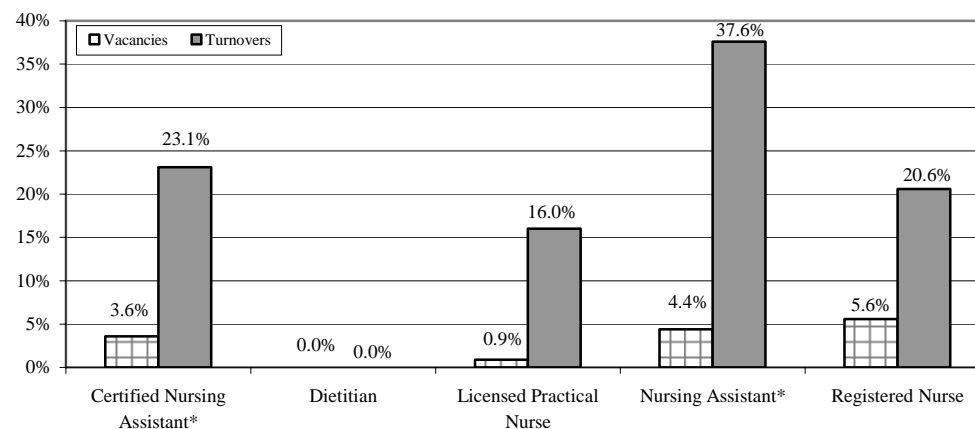
Out of the 152 assisted living centers in South Dakota, 149 returned their survey for a return rate of 98 percent. Figure 17 shows health care professionals that are employed in assisted living centers. They include certified nursing assistant, dietitian, licensed practical nurse, nursing assistant, and registered nurse. The position with the highest vacancy rate is registered nurse with 5.6 percent, while the position with the lowest vacancy rate is dietitian with 0 percent. The position with the highest turnover rate is nursing assistant with 37.6 percent, while the position with the lowest turnover rate is dietitian with 0 percent. Overall, in 2006, assisted living centers had 3.8 percent of budgeted vacancies and 27.6 percent of turnovers; while in 2005, assisted living centers had 1.8 percent budgeted vacancies and 26.4 percent of turnovers.

Figure 18 shows the responses why vacancies were hard-to-fill in assisted living centers. The top response for why vacancies were hard-to-fill was “lack of applicants.” The second highest response was tied between “job entails shift work of undesirable hours” and “applicants lack the qualifications we want.”

### Assisted Living Center Defined

*An assisted living center is defined as any establishment which is maintained and operated to provide personal care and service for five or more persons, whether for consideration or not, who by reason of age or infirmity, are dependent upon the services of others to carry out normal daily living activities, to regulate their living habits, or to protect them from environmental and other hazards. This care and service shall be provided by competent and qualified individuals who shall maintain a minimum of .80 hours of resident care in every 24- hour period for each in-resident.*

**Figure 17**  
**Assisted Living Centers – Percent of Vacancies and Turnovers**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Note: Turnover is the number of employees who left the facility during the fiscal year.

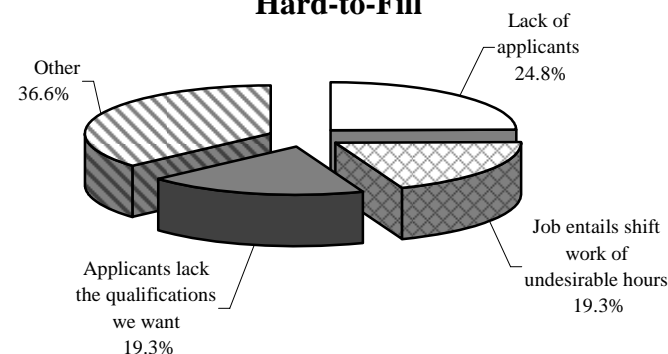
Vacancy numbers are as of January 31, 2006.

For definitions of percent of vacancies and percent of turnovers, see Appendix A.

\* Starting in 2005 certified nursing assistants were analyzed separately from nursing assistants.

Please do not use past publications to conduct trend analysis on nursing assistants.

**Figure 18**  
**Assisted Living Centers – Responses to Why Vacancies Were Hard-to-Fill**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

## Inpatient Chemical Dependency Facilities

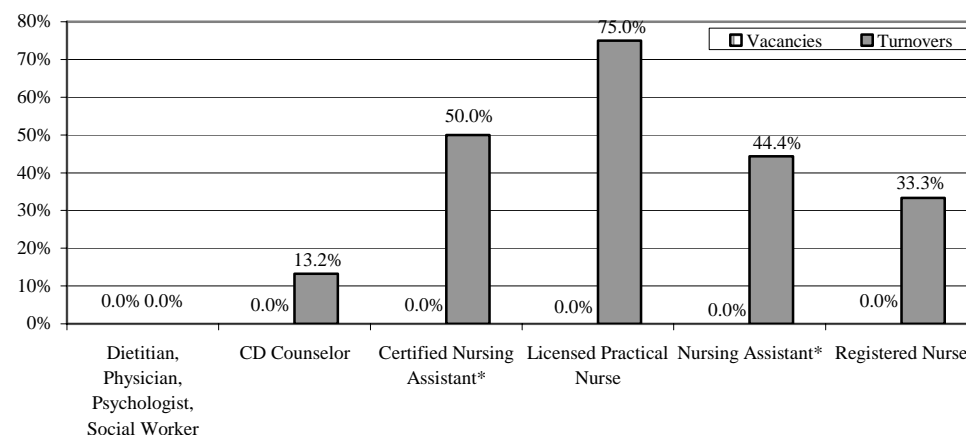
All eight of the inpatient chemical dependency facilities in South Dakota returned their surveys for a return rate of 100 percent. Figure 19 shows health care professionals that are employed in inpatient chemical dependency facilities. They include CD counselor, certified nursing assistant, dietitian, licensed practical nurse, nursing assistant, physician, psychiatrist, psychologist, registered nurse, and social worker. There was a 0 percent vacancy rate in inpatient chemical dependency facilities in 2006. The position with the highest turnover rate was licensed practical nurse with 75 percent, while the positions with the lowest turnover rate were dietitian, physician, psychologist, and social worker, all with 0 percent. Overall, in 2006, inpatient chemical dependency facilities had 0 percent of budgeted vacancies and 24.3 percent of turnovers; while in 2005, inpatient chemical dependency facilities had 6.9 percent of budgeted vacancies and 17.3 percent of turnovers.

Figure 20 shows the responses why vacancies were hard-to-fill in inpatient chemical dependency facilities. The top response was tied between “lack of applicants” and “applicants lack the qualifications we want.” The third highest response was “job entails shift work of undesirable hours.”

### Inpatient Chemical Dependency Defined

*Inpatient chemical dependency facility is defined as a facility that provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.*

**Figure 19**  
**Chemical Dependency Facilities – Percent of Vacancies and Turnovers**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Note: Turnover is the number of employees who left the facility during the fiscal year.

Vacancy numbers are as of January 31, 2006.

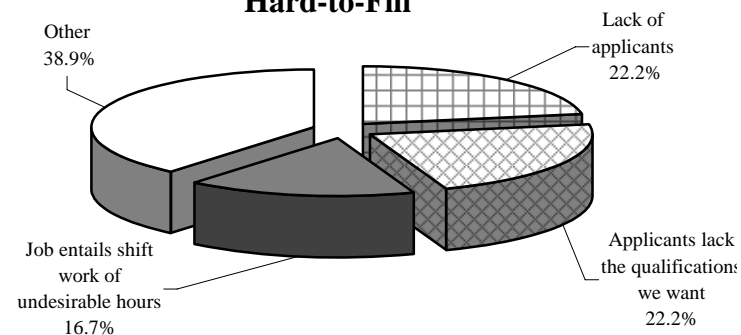
For definitions of percent of vacancies and percent of turnovers, see Appendix A.

There were only part-time psychiatrists (3) in inpatient chemical dependency facilities in 2006.

\* Starting in 2005 certified nursing assistants were analyzed separately from nursing assistants.

Please do not use past publications to conduct trend analysis on nursing assistants.

**Figure 20**  
**Chemical Dependency Facilities – Responses to Why Vacancies Were Hard-to-Fill**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

## Renal End-Stage Facilities

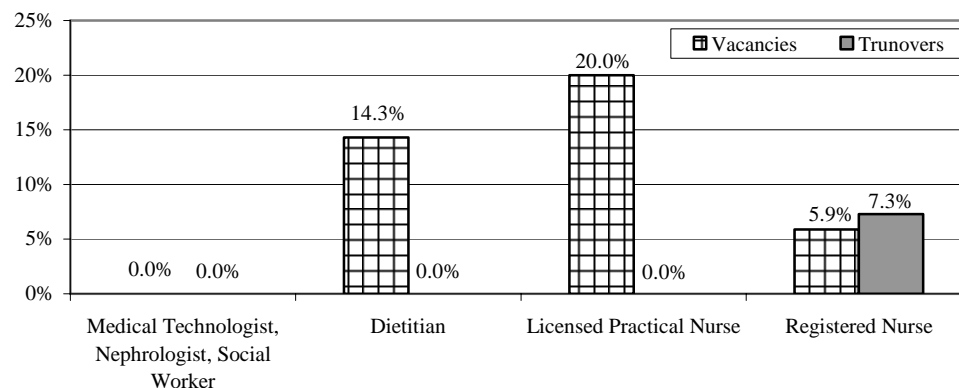
Eighteen of the 21 renal end-stage facilities in South Dakota, returned their surveys for a return rate of 85.7 percent. Figure 21 shows health care professionals that are employed in renal end-stage facilities. The position with the highest vacancy rate was licensed practical nurse with 20 percent, while the positions with the lowest vacancy rate were medical technologist, nephrologist, and social worker, all with 0 percent. The position with the highest turnover rate was registered nurse with 7.3 percent, while the positions with the lowest turnover rate were medical technologist, nephrologist, social worker, dietitian, and licensed practical nurse, all with 0 percent. Overall, in 2006, renal end-stage facilities had 6.9 percent of budgeted vacancies and 5.8 percent of turnovers; while in 2005, renal end-stage facilities had 8.4 percent of budgeted vacancies and 1.9 percent of turnovers.

Figure 22 shows the responses why vacancies were hard-to-fill in renal end-stage facilities. The top response for why vacancies were hard-to-fill was “lack of applicants.” The second highest response was “job entails shift work of undesirable hours.” The third highest response was tied between “people with required skills don’t want to relocate to this area” and “applicants lack the qualifications we want.”

## Renal End-Stage Facility Defined

*Renal end-stage facility is defined as a facility that provides staff-assisted hemodialysis services in an outpatient setting. May also provide peritoneal dialysis and hemodialysis training.*

**Figure 21**  
**Renal End-Stage Facilities – Percent of Vacancies and Turnovers**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Note: Turnover is the number of employees who left the facility during the fiscal year.

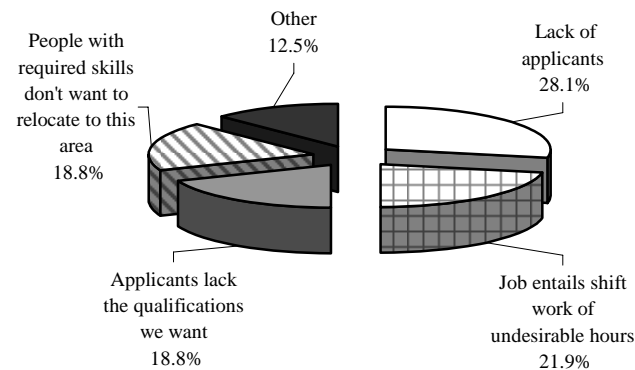
Vacancy numbers are as of January 31, 2006.

For definitions of percent of vacancies and percent of turnovers, see Appendix A.

There were no medical laboratory technicians, pharmacist technicians, physicians, physical therapists, physical therapist assistants, psychologists, and psychiatrists in renal end-stage facilities in 2006.

There were only part-time pharmacists (1) in renal end-stage facilities in 2006.

**Figure 22**  
**Renal End-Stage Facilities – Responses to Why Vacancies Were Hard-to-Fill**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

## Home Health Agencies

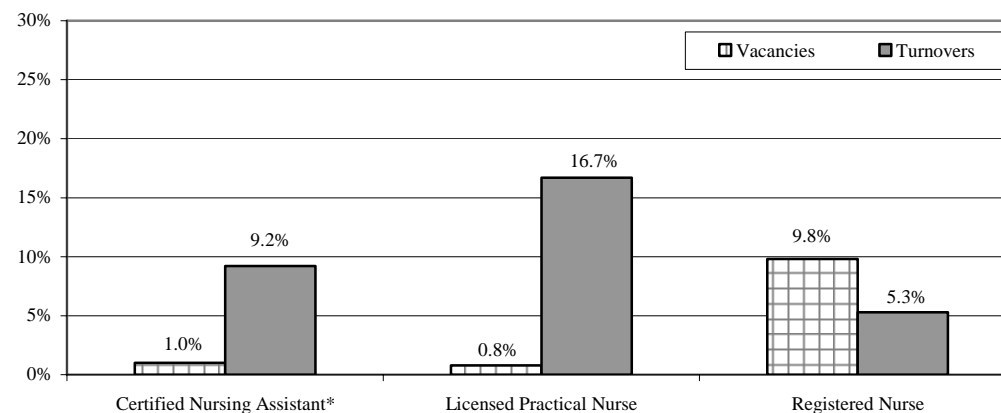
Out of the 56 home health agencies in South Dakota, 48 returned their surveys for a return rate of 85.7 percent. Figure 23 shows health care professionals that are employed in home health agencies. They include certified nursing assistant, licensed practical nurse, and registered nurse. The position with the highest vacancy rate was registered nurse with 9.8 percent, while the position with the lowest vacancy rate was licensed practical nurse with 0.8 percent. The position with the highest turnover rate was licensed practical nurse with 16.7 percent, while the position with the lowest turnover rate was registered nurse, with 5.3 percent. Overall, in 2006, home health agencies had 6.5 percent of budgeted vacancies and 6.9 percent of turnovers; while in 2005, home health agencies had 2.7 percent of budgeted vacancies and 3.8 percent of turnovers.

Figure 24 shows the reasons why vacancies were hard-to-fill in home health agencies. The top response for why vacancies were hard-to-fill was “lack of applicants.” The second highest response had a tie between “applicants lack the qualifications we want” and “company/industry doesn’t pay enough.”

## Home Health Agency Defined

*Home health agency is defined either as a public or private agency that provides skilled nursing services and at least one other service, directly or under contract, to individuals in their homes.*

**Figure 23**  
**Home Health Agencies – Percent of Vacancies and Turnovers**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Note: Turnover is the number of employees who left the facility during the fiscal year.

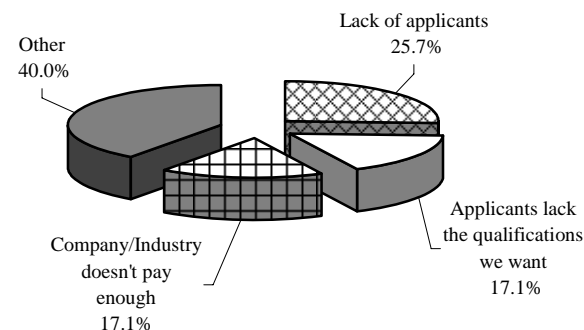
Vacancy numbers are as of January 31, 2006.

For definitions of percent of vacancies and percent of turnovers, see Appendix A.

\* Starting in 2005 certified nursing assistants were analyzed separately from nursing assistants.

Please do not use past publications to conduct trend analysis on nursing assistants.

**Figure 24**  
**Home Health Agencies – Responses to Why Vacancies Were Hard-to-Fill**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

## Nursing Facilities

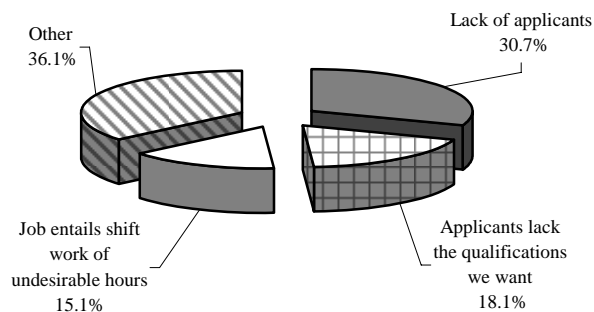
All 112 nursing facilities in South Dakota returned their surveys for a return rate of 100 percent. Figure 26, on the next page, shows health care professionals that are employed in nursing facilities. The position with the highest vacancy rate was physician with 25 percent, while the positions with the lowest vacancy rate were accredited record technician, certified coding specialist, certified nurse practitioner, health unit clerk, MDS coordinator, occupational therapist, occupational therapist assistant, physical therapist assistant, and social worker, all with 0 percent. The position with the highest turnover rate was certified nursing assistant with 45.3 percent, while the position with the lowest turnover rate was accredited record technician, certified coding specialist, certified nurse practitioner, and physician, all with 0 percent. Overall, in 2006, nursing facilities had 5.5 percent of budgeted vacancies and 31.8 percent of turnovers; while in 2005, nursing facilities had 4.4 percent of budgeted vacancies and 30.2 percent of turnovers.

Figure 25 shows the reasons why vacancies were hard-to-fill in nursing facilities. The top three responses for why vacancies were hard-to-fill were “lack of applicants,” “applicants lack the qualifications we want,” and “job entails shift work of undesirable hours,” respectively.

### Nursing Facility Defined

*Nursing facility is defined as an establishment which is maintained and operated for the express or implied purpose of providing care for a person or persons, whether for consideration or not, who are not acutely ill but do require nursing care and related medical services of such complexity as to require professional nursing care under the direction of a physician on a 24-hour per day basis.*

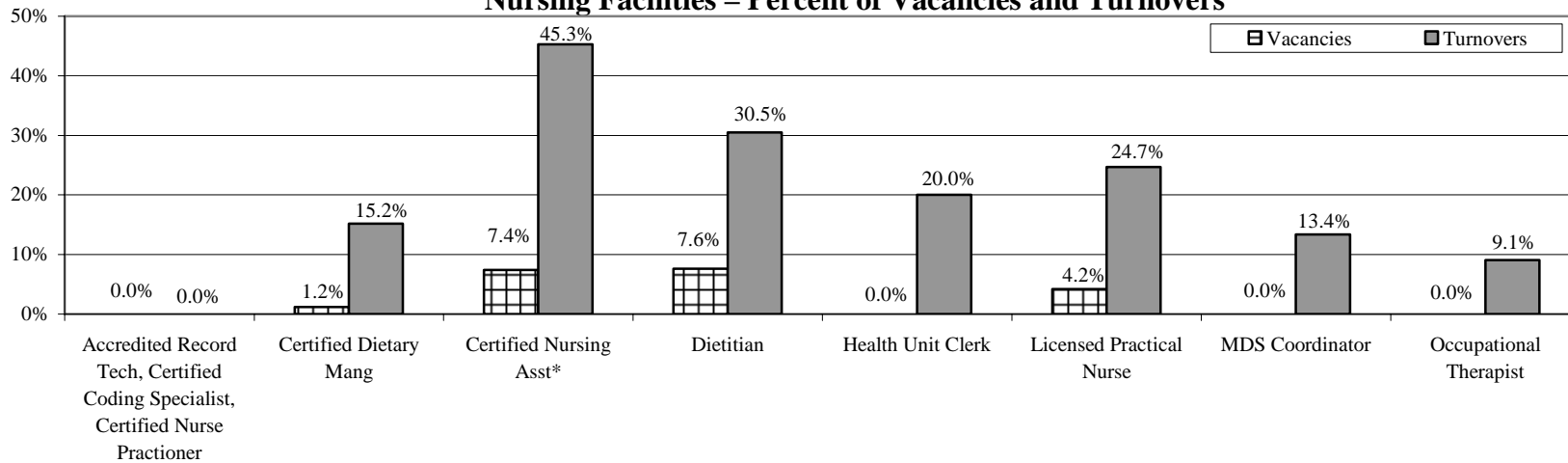
**Figure 25**  
**Nursing Facilities – Responses to Why Vacancies Were Hard-to-Fill**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

**Figure 26**

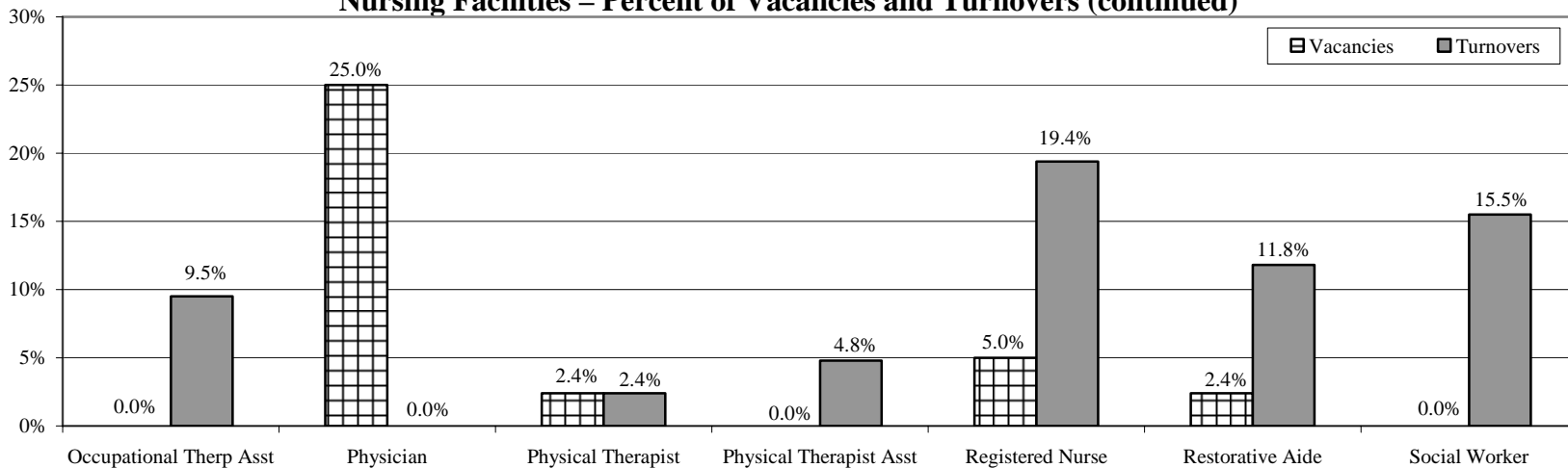
**Nursing Facilities – Percent of Vacancies and Turnovers**



Note: Turnover is the number of employees who left the facility during the fiscal year.  
 Vacancy numbers are as of January 31, 2006.  
 For definitions of percent of vacancies and percent of turnovers, see Appendix A.  
 There were only part-time speech pathologists (49) in nursing facilities in 2006.  
 \* Starting in 2005 certified nursing assistants were analyzed separately from nursing assistants.  
 Please do not use past publications to conduct trend analysis on nursing assistant.

**Figure 26**

**Nursing Facilities – Percent of Vacancies and Turnovers (continued)**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records  
 Note: Turnover is the number of employees who left the facility during the fiscal year.  
 Vacancy numbers are as of January 31, 2006.  
 For definitions of percent of vacancies and percent of turnovers, see Appendix A.  
 \* Starting in 2005 certified nursing assistants were analyzed separately from nursing assistants.  
 Please do not use past publications to conduct trend analysis on nursing assistant.



## Hospitals

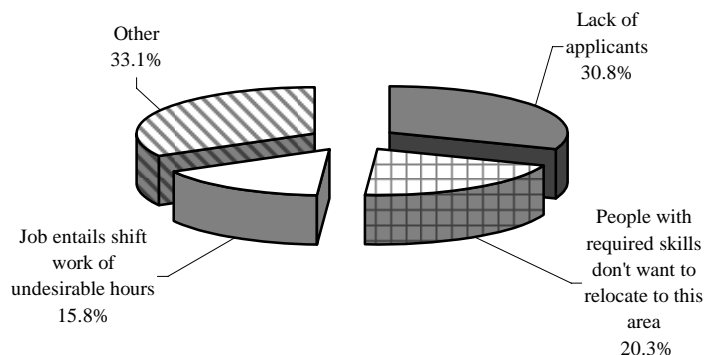
Out of the 68 hospitals (community, non-community, and specialized) in South Dakota, 58 returned their surveys for a return rate of 85.3 percent. Figure 28, on the next page, shows health care professionals that are employed in hospitals. The position with the highest vacancy rate was audiologist with 33.3 percent, while the positions with the lowest vacancy rate were podiatrist, dietitian, occupational therapist assistant, operating room technician, pharmacist technician, and registered record administrator, all with 0 percent. The position with the highest turnover rate was physical therapist assistant with 25 percent, while the positions with the lowest turnover rate were podiatrist, audiologist, clinical nurse specialist, and psychiatrist, all with 0 percent. Overall, in 2006, hospitals had 3.1 percent of budgeted vacancies and 8.3 percent of turnovers; while in 2005, hospitals had 5.8 percent of budgeted vacancies and 10.2 percent of turnovers.

Figure 27 shows the responses why vacancies were hard-to-fill in hospitals. The top three responses for why vacancies were hard-to-fill were “lack of applicants,” “people with required skills don’t want to relocate to this area,” and “job entails shift work of undesirable hours,” respectively.

### Hospitals Defined

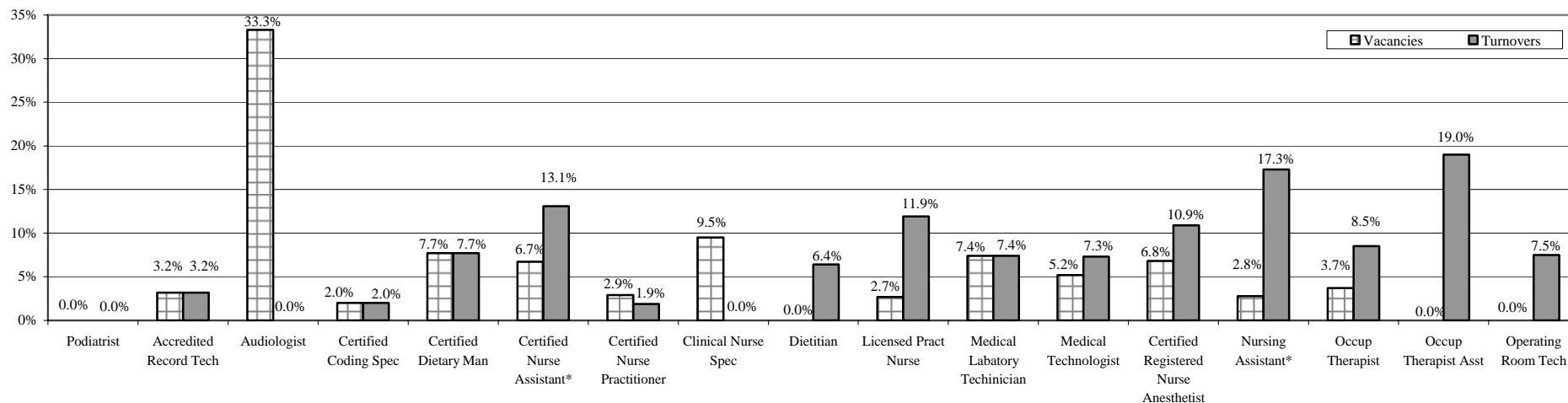
*Hospital is defined as an establishment with an organized medical staff with permanent facilities that include inpatient beds and is primarily engaged in providing, by or under the supervision of physicians, to inpatients any of the following services: diagnostic or therapeutic services for medical diagnosis, treatment, or care of injured, disabled or sick persons; obstetrical services including the care of the newborn; rehabilitation services for the rehabilitation of injured, disabled or sick persons.*

**Figure 27**  
**Hospitals – Responses to Why Vacancies Were Hard-to-Fill**



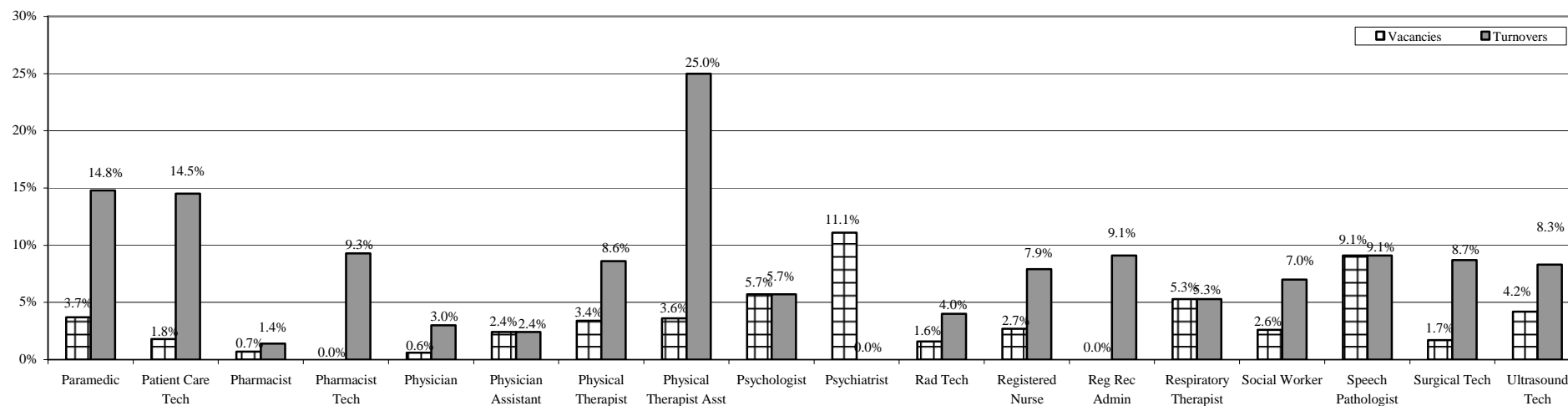
Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

**Figure 28**  
**Hospitals – Percent of Vacancies and Turnovers**



Note: Turnover is the number of employees who left the facility during the fiscal year.  
 Vacancy numbers are as of January 31, 2006.  
 There were no chiropractors in hospitals in 2006.  
 There were only part-time emergency medical technicians (45) in hospitals in 2006.  
 For definitions of percent of vacancies and percent of turnovers, see Appendix A.  
 \*Starting in 2005 certified nursing assistants were analyzed separately from nursing assistants.  
 Please do not use past publications to conduct trend analysis on nursing assistants.

**Figure 28**  
**Hospitals – Percent of Vacancies and Turnovers (continued)**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records  
 Note: Turnover is the number of employees who left the facility during the fiscal year.  
 Vacancy numbers are as of January 31, 2006.  
 For definitions of percent of vacancies and percent of turnovers, see Appendix A.

## Rural Health Clinics

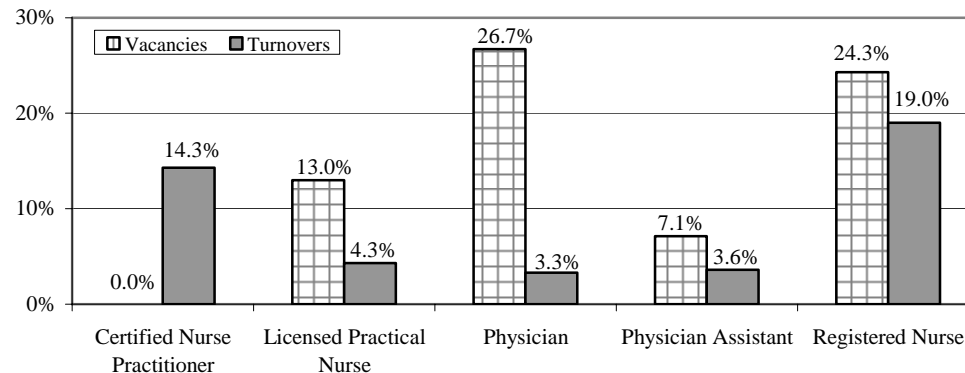
Out of the 58 rural health clinics in South Dakota, 41 returned their surveys for a return rate of 70.7 percent. Figure 29 shows health care professionals that are employed in rural health clinics. They include certified nurse practitioner, licensed practical nurse, physician, physician assistant, and registered nurse. The position with the highest vacancy rate was physician with 26.7 percent, while the position with the lowest vacancy rate was certified nurse practitioner with 0 percent. The position with the highest turnover rate was registered nurse with 19 percent, while the position with the lowest turnover rate was physician with 3.3 percent. Overall, in 2006, rural health clinics had 16.6 percent of budgeted vacancies and 7.3 percent of turnovers; while in 2005, rural health clinics had 1.9 percent of budgeted vacancies and 5.8 percent of turnovers

Figure 30 shows the reasons why vacancies were hard-to-fill in rural health clinics. The top response for why vacancies were hard-to-fill was “lack of applicants.” The second highest response was “people with required skills don’t want to relocate to this area.” The third highest response was “too much competition from other employers.”

## Rural Health Clinic Defined

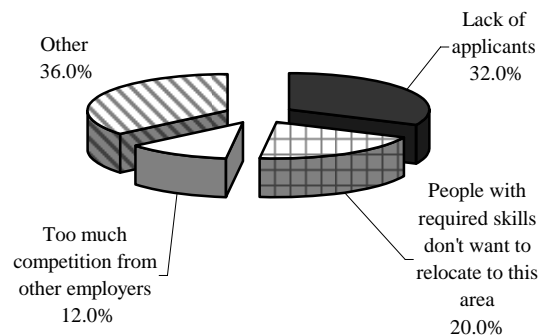
*A rural health clinic is a clinic that receives increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.*

**Figure 29**  
**Rural Health Clinics – Percent of Vacancies and Turnovers**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records  
 Note: Turnover is the number of employees who left the facility during the fiscal year.  
 Vacancy numbers are as of January 31, 2006.  
 For definitions of percent of vacancies and percent of turnovers, see Appendix A.

**Figure 30**  
**Rural Health Clinics – Responses to Why Vacancies Were Hard-to-Fill**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

## Clinics

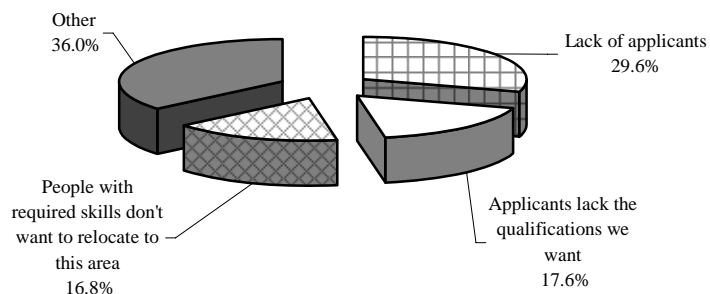
Out of the 215 clinics surveyed in South Dakota, 181 returned their surveys for a return rate of 84.2 percent. Figure 32, on the next page, shows the key health care professionals that are employed in clinics. The position with the highest vacancy rate was certified registered nurse anesthetist with 18.2 percent, while the positions with the lowest vacancy rate were certified nurse midwife, clinical nurse specialist, occupational therapist, and physical therapist, all with 0 percent. The position with the highest turnover rate was certified registered nurse anesthetist with 18.2 percent, while the positions with the lowest turnover rate were certified nurse midwife and clinical nurse specialist, both with 0 percent. Overall, in 2006, clinics had 3.9 percent of budgeted vacancies and 7.0 percent of turnovers; while in 2005, clinics had 3.5 percent budgeted vacancies and 6.2 percent of turnovers.

Figure 31 shows the reasons why vacancies were hard-to-fill in clinics. The top response for why vacancies were hard-to-fill was “lack of applicants.” The second highest response was “applicants lack the qualifications we want.” The third highest response was “people with required skills don’t want to relocate to this area.”

### Clinics Defined

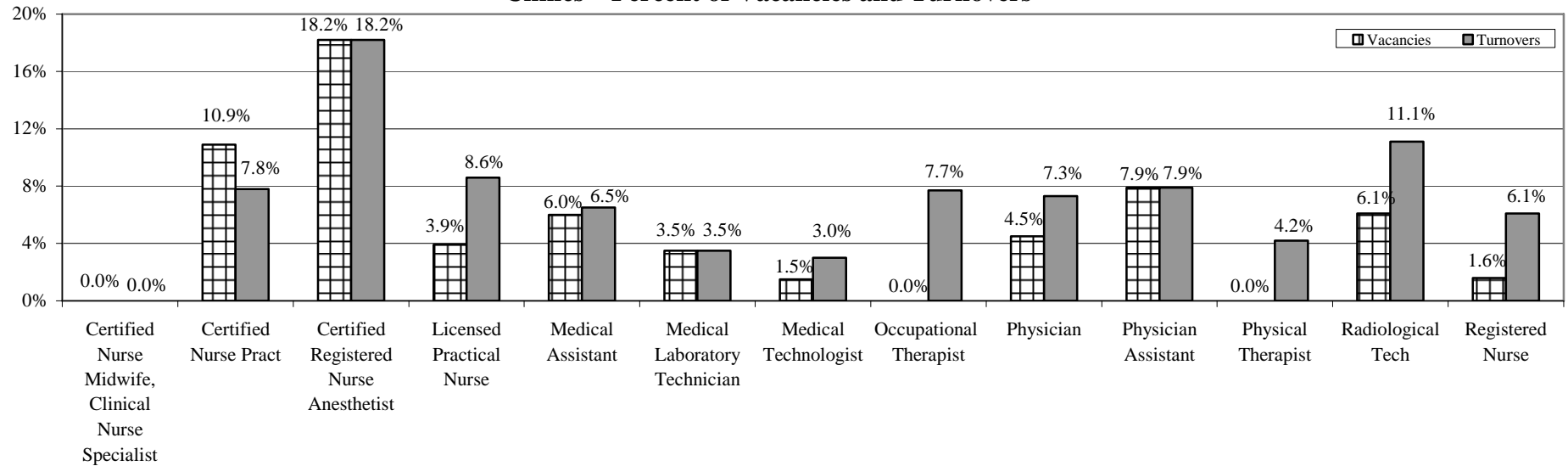
*An institution, building, or part of a building where patients who do not require hospitalization or institutionalization are cared for.*

**Figure 31**  
**Clinics – Responses to Why Vacancies Were Hard-to-Fill**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

**Figure 32**  
**Clinics – Percent of Vacancies and Turnovers**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Note: Turnover is the number of employees who left the facility during the fiscal year.

Vacancy numbers are as of January 31, 2006.

For definitions of percent of vacancies and percent of turnovers, see Appendix A.

## Intermediate Care Facility for the Mentally Retarded

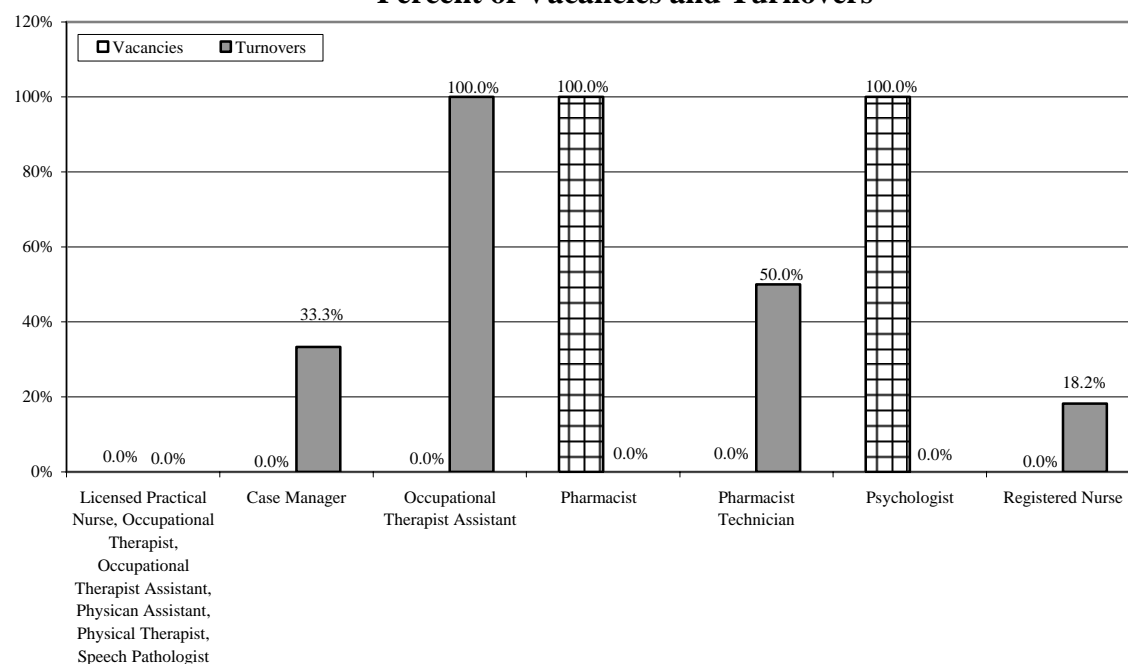
Figure 33 shows health care professionals that are employed in intermediate care facilities for the mentally retarded. There is only one licensed Intermediate Care Facility for the Mentally Retarded in South Dakota, which is reflected in this report. There were two positions, pharmacist and psychologist, with a vacancy rate of 100 percent. The position with highest turnover rate was occupational therapist assistant with 100 percent followed by pharmacist technician with 50 percent. Overall, in 2006, intermediate care facilities for the mentally retarded had 4.8 percent of budgeted vacancies and 21.4 percent of turnovers; while in 2005, intermediate care facilities for the mentally retarded had 2 percent of budgeted vacancies and 10.2 percent of turnovers.

This year the intermediate care facility for the mentally retarded had no hard-to-fill vacancies; therefore, summary data on hard-to-fill vacancies are not available.

### Intermediate Care Facility Defined

*An intermediate care facility is defined as an establishment which is maintained and operated for the expressed or implied purpose of providing care for a person or persons, whether for consideration or not, who do not require the degree of care and treatment which a hospital or skilled nursing facility is designed to provide but who, because of their mental or physical condition, require medical care and health services which can be made available to them only through institutional facilities.*

**Figure 33**  
**Intermediate Care Facilities for the Mentally Retarded –**  
**Percent of Vacancies and Turnovers**



Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Note: Turnover is the number of employees who left the facility during the fiscal year.

Vacancy numbers are as of January 31, 2006.

For definitions of percent of vacancies and percent of turnovers, see Appendix A.

There were no certified dietary managers, certified nurse practitioners, certified nursing assistants, dietitians, nursing assistants, physicians, physical therapist assistants, psychiatrists, restorative aides, and social workers in intermediate care facilities for the mentally retarded in 2006.

\* Starting in 2005 certified nursing assistants were analyzed separately from nursing assistants.

Please do not use past publications to conduct trend analysis on nursing assistants.